Schedule E)	IN EXICIO	TIONES		PAGE 1 OF 27 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUNI	`		F	EC IDENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUNI	CONSERVATIVE MAJORITY FUND					
Check if 24-hour report X 48-hour report	theck if 24-hour report 48-hour report New report Amends report filed on 11 18 2015					
Full Name of Payee INFOCISION MANAGEMENT CO	ORP		М	Public Distribution/Dissemination 1 16 2015		
Mailing Address 325 SPRINGSIDE DR			Amount	التنتا لنا ك		
City	State	Zip Code		773.30		
AKRON	ОН	44333		ction ID : SE.10704 Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 1	1 16 2015		
Name of Federal Candidate		Support	Office Sought:	House District:00		
HILLARY CLINTON		X Oppose	Presiden			
Calendar Year-To-Date Per Election for Office Sought	, , ,	773.30	Disbursement 2016 Oth	For: Primary X General er (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT COR	P			Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR			1	1 16 2015		
City	State	Zip Code		112.40		
AKRON	ОН	44333		tion ID : SE.10705 Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	1 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
HILLARY CLINTON		X Oppose	X Presiden	Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought		112.40	Disbursement 2016 Oth	For:		
(a) SUBTOTAL of Itemized Independent Expendi	tures			885.70		
(b) SUBTOTAL of Unitemized Independent Exper	nditures			7 1 7 1 7 1		
			, L.	Agr. Agr. Agr.		
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize					
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date		20 / 2016		
Signaturo						

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F24A Transaction ID:

Projected Independent Expenditures opposing Hillary Clinton in the 2016 General Election by Conservative Majority Fund are \$50,000 as of 11/16/2015. These voter contact expenditures were made through InfoCision Management Corp. and disbursements of \$6,663.43 (11/20); \$8,259.75 (12/3/2015); and \$1,164.64 (12/21) were made in 2015. The balance of \$33,912.18 will be incurred and disbursed in the first quarter of 2016.

Form/Schedule: Transaction ID:

Schedule E)		TOTIES		PAGE 3 OF 27 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D.		FE	C IDENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUN	CONSERVATIVE MAJORITY FUND					
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report X Amends report filed on 11 18 2015					
Full Name of Payee INFOCISION MANAGEMENT CO	ORP		Date of F			
Mailing Address 325 SPRINGSIDE DR			Amount	10 2010		
City	State	Zip Code		1021.93		
AKRON	ОН	44333		ion ID : SE.10706 Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 11			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
HILLARY CLINTON		X Oppose		Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	, , ,	1021.93	Disbursement For 2016 Othe	or:		
Full Name of Payee	חר		Date of F	Public Distribution/Dissemination		
INFOCISION MANAGEMENT COF	(P		M 11			
Mailing Address 325 SPRINGSIDE DR			Amount			
City	State	Zip Code		468.64		
AKRON	ОН	44333		on ID : SE.10707 Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 11			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
HILLARY CLINTON		Oppose	X President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		468.64	Disbursement F 2016 Othe	or: Primary ⊠ General r (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expend	itures			1490.57		
,			·	7 7 7		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7		
(c) TOTAL Independent Expenditures			•	4 1 4 1 4 1		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date		20 2016		
2.g						

Schedule E)		HONES		PAGE 4 OF 27 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (IN FUII) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUND	CONSERVATIVE MAJORITY FUND					
Check if 24-hour report X 48-hour report	theck if 24-hour report 48-hour report New report Amends report filed on 11 18 2015					
Full Name of Payee INFOCISION MANAGEMENT CO	RP			of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR			Amor			
City	State	Zip Code		5979.19		
AKRON	ОН	44333		saction ID : SE.10708 of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Soug	ht: House District: 00		
HILLARY CLINTON		X Oppose	X Presid			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	5979.19	Disburseme 2016	nt For:		
Full Name of Payee INFOCISION MANAGEMENT CORF)		Date	of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR			Amo	11 16 2015 unt		
City	State	Zip Code		817.71		
AKRON	ОН	44333		action ID : SE.10709 of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004] [11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Soug	ht: House District: 00		
HILLARY CLINTON		Oppose	X Presid			
Calendar Year-To-Date Per Election for Office Sought	7	817.71	Disburseme 2016	ont For:		
(a) SUBTOTAL of Itemized Independent Expenditu	res			6796.90		
(b) SUBTOTAL of Unitemized Independent Expendent	litures					
(c) TOTAL Independent Expenditures			• E			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date	e 01	20 / 2016		

Schedule E)	LXI LIIDI	TOTILO				PAGE 5	OF :	27 48
NAME OF COMMITTEE (In Full)					FEC ID		ON NUMBE	
CONSERVATIVE MAJORITY FUND					C	C00524454		
Check if 24-hour report X 48-hour report	New repo	ort X Amei	nds repo	rt filed on	11 /	18	2015	Y
Full Name of Payee INFOCISION MANAGEMENT CORP					- M /	D D /	/Disseminati	
Mailing Address 325 SPRINGSIDE DR				Amou	11 nt	16	2015	
City Si	tate	Zip Code					584.	.33
AKRON	OH	44333				D : SE.1071 rsement or	0	تت
Purpose of Expenditure VOTER CONTACT		Category/ Type	004	N	11 /	16	2015	Y
Name of Federal Candidate		Su	pport	Office Sough	t:	House	District:	00
HILLARY CLINTON			ppose	X Preside	_	Senate	State:C	
Calendar Year-To-Date Per Election for Office Sought		584.33		Disbursemen 2016 O	t For: ther (sp	Primary ecify) ▶	/ X Ger	neral
Full Name of Payee				Date	of Public	Distribution	n/Disseminati	ion
INFOCISION MANAGEMENT CORP				_ n	11 /	16	2015	Y
Mailing Address 325 SPRINGSIDE DR							20.0	
				Amou	nt			
City	tate	Zip Code					147.7	9
	OH	44333				SE.10711 Irsement or	Obligation	
Purpose of Expenditure VOTER CONTACT		Category/ Type	004		11 /	16	2015	Y
Name of Federal Candidate		Su	ıpport	Office Sough	ıt:	House	District:	00
HILLARY CLINTON		X O	opose	X Presid	ent	Senate	State:	DE
Calendar Year-To-Date Per Election for Office Sought		147.79		Disbursemer 2016	t For: ther (sp	Primar	y X Ge	neral
					(-)-			
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	7	732.12	
(b) SUBTOTAL of Unitemized Independent Expenditures	s			•	-			
(c) TOTAL Independent Expenditures			•••••	· [1 1 45	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized							
SCOTT B MACKENZIE	[Electroni	ically Filed]	Date	M = M /	20	/ Y Y 20	16	
Signature		_						

Schedule E)	FORT OF INDEF	INDENT EXPEND	ITORES		PAGE 6 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
CONSERVATI	VE MAJORITY I		C C00524454		
Check if 24-hour	report X 48-hour re	eport New rep	ort X Amends repo	ort filed on 1	1 18 2015
Full Name of Payer	N MANAGEMEN	T CORP		M	f Public Distribution/Dissemination
Mailing Address 3	325 SPRINGSIDE DR			Amoun	لىننى لنا ك
City AKRON		State OH	Zip Code 44333		3169.08 action ID : SE.10712
Purpose of Expen VOTER CONTAC			Category/ Type 004	М	f Disbursement or Obligation 11 16 2015
Name of Federal	Candidate		Support	Office Sought	: House District: 00
HILLARY CLINTO	N		Oppose	X Preside	
Calendar Yea Per Election	r-To-Date for Office Sought		3169.08	Disbursement 2016 Ott	For: Primary X General her (specify) ▶
Full Name of Payer INFOCISION	ee I MANAGEMENT	CORP		M	f Public Distribution/Dissemination
Mailing Address	325 SPRINGSIDE DR			Amour	
City		State	Zip Code		1541.16
AKRON		ОН	44333		ction ID : SE.10713 f Disbursement or Obligation
Purpose of Expen VOTER CONTAC			Category/ Type 004		11 16 7 2015
Name of Federal			Support	Office Sought	: House District: 00
HILLARY CLINTC	DN .		X Oppose	X Preside	nt Senate State: GA
Calendar Yea Per Election	r-To-Date for Office Sought	,	1541.16	Disbursement 2016 Ot	For: Primary
(a) SUBTOTAL of	Itemized Independent E	xpenditures			4710.24
(b) SUBTOTAL of	Unitemized Independen	t Expenditures		·· •	7 1 7 1 7
(c) TOTAL Indeper	ndent Expenditures			· •	7 7
with, or at the requ		ny candidate or authorized			poperation, consultation, or concert the reporting entity is not a political
SCOT Signature	T B MACKENZIE	[Electron	ically Filed] Date	9 01 /	20 / 2016

	chedule E)	II EXPEND	HONES		PAGE 7 OF 27 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼	
C	ONSERVATIVE WAJORITY FUND	C C00524454				
Ch	theck if 24-hour report					
	Full Name of Payee INFOCISION MANAGEMENT COF	RP		Dat	e of Public Distribution/Dissemination	
	Mailing Address 325 SPRINGSIDE DR			Am	ount	
	City	State	Zip Code	<u> </u>	225.16	
	AKRON	ОН	44333		nsaction ID : SE.10714 e of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate		Support	Office Sou	ght: House District:00	
	HILLARY CLINTON		X Oppose	X Pres		
	Calendar Year-To-Date Per Election for Office Sought	7	225.16	Disbursem 2016	ent For:	
	Full Name of Payee INFOCISION MANAGEMENT CORP	=		Dat	e of Public Distribution/Dissemination	
	Mailing Address 325 SPRINGSIDE DR			Am	11 16 2015 ount	
	City	State	Zip Code	<u> </u>	243.39	
	AKRON	ОН	44333		saction ID : SE.10715 e of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 16 / 2015	
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00	
	HILLARY CLINTON		Oppose	X Pres		
	Calendar Year-To-Date Per Election for Office Sought	7 7	243.39	Disbursem 2016	ent For:	
	(a) SUBTOTAL of Itemized Independent Expenditur	es		•	468.55	
	(b) SUBTOTAL of Unitemized Independent Expendi	itures				
	(c) TOTAL Independent Expenditures				7 7 7	
	Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
	SCOTT B MACKENZIE Signature	[Electron	ically Filed] Date	e 01	20 2016	

Schedule E)	PAGE 8 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report X 48-hour report New report X Amends report filed on	
INFOCISION MANAGEMENT CORP	Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR Amount	لىننى لنا ك
	2055.72 ction ID : SE.10716
Purpose of Expenditure Category/	Disbursement or Obligation 11 16 2015
Name of Federal Candidate Support Office Sought:	House District: 00
HILLARY CLINTON Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary X General ner (specify) ►
INFOCISION MANAGEMENT CORP	f Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR Amount	
City State Zip Code	1034.96
Date of	tion ID : SE.10717 f Disbursement or Obligation
	1 16 / Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
HILLARY CLINTON Oppose Presider	nt Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3090.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Signature Signature [Electronically Filed] Date	20 / 2016

_		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
		C C00524454
Ch	eck if 24-hour report X 48-hour report New report X Amends report filed	on 11 / 18 / 2015
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
		11 16 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	491.87
	AKRON OH 44333	Transaction ID : SE.10718 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / 2015
	Name of Federal Candidate Support Office	Sought: House District:00
	HILLARY CLINTON Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary
	Full Name of Payer	
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	451.77
	AKRON OH 44333	Transaction ID : SE.10719 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / 2015
	Name of Federal Candidate Support Office	e Sought: House District: 00
	HILLARY CLINTON Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	943.64
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE [Electronically Filed] Date	1 20 2016
	Signature	لىئتتا لىنا ك

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C	CONSERVATIVE MAJORITY FUND	C C00524454
Ch	neck if 24-hour report X 48-hour report New report X Amends report filed	d on 11 / 18 / 2015
٦	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
	INFOCISION WANAGEWENT CORP	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	704.46
	AKRON OH 44333	Transaction ID : SE.10720 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	HILLARY CLINTON Oppose	President Senate State: KY
	Calendar Year-To-Date Disb Per Election for Office Sought 704.46 2016	
		Other (specify)
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	727.23
	AKRON OH 44333	Transaction ID : SE.10721 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / 2015
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2010	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	1431.69
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE [Electronically Filed] Date	01 20 2016
	Signature	

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OF

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 2015 18 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 11 16 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 222.79 City **AKRON** OH 44333 Transaction ID: SE.10722 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 11 16 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY CLINTON ME Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 222.79 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 11 16 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 942.88 ОН 44333 Transaction ID: SE.10723 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT** 2015 11 16 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY CLINTON MD Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 942.88 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 1165.67 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

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PAGE 27 12 OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 2015 18 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 11 16 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 1090.33 City **AKRON** OH 44333 Transaction ID: SE.10724 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 11 16 2015 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY CLINTON MΑ Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 2016 1090.33 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 11 16 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 1594.81 ОН Transaction ID: SE.10725 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT** 2015 11 16 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY CLINTON MI Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 1594.81 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2685.14 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

PAGE 27 OF 13 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 2015 18 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 11 16 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 855.71 City **AKRON** OH 44333 Transaction ID: SE.10726 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 11 16 2015 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY CLINTON MN Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 2016 855.71 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 11 16 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 468.80 ОН Transaction ID: SE.10727 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT** 2015 11 16 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY CLINTON MS Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 468.80 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 1324.51 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

Scł	hedule E)	ADI. O. LEC		PAGE 14 OF 27 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
CC	ONSERVATIVE MAJORITY FUND		С	C00524454
Che	ck if 24-hour report X 48-hour report New i	report X Amends report	rt filed on 11	18 2015
T	Full Name of Payee INFOCISION MANAGEMENT CORP		M = M	c Distribution/Dissemination
ŀ	Mailing Address 325 SPRINGSIDE DR		Amount	16 2015
	City State	Zip Code		967.48
	AKRON OH	44333		ID : SE.10728 ursement or Obligation
١	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 / 2015
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	HILLARY CLINTON	X Oppose	X President	Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought	967.48	Disbursement For: 2016 Other (sp	Primary X General Decify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR		Date of Publi	c Distribution/Dissemination
ŀ	City State	Zip Code		163.23
	AKRON OH	44333	Transaction II Date of Disb	D : SE.10729 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004	11 M	16 2015
	Name of Federal Candidate	Support	Office Sought:	House District:00
	HILLARY CLINTON	Oppose	President	Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	163.23	Disbursement For: 2016 Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures		>	1130.71
(l	b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(0	c) TOTAL Independent Expenditures		•	1 1 7 1 1 7 1
W	Inder penalty of perjury I certify that the independent expenditure in the request or suggestion of, any candidate or authorizanty committee) any political party committee or its agent.			
		tronically Filed] Date	M M / D D D 20	2016
	Signature			

Schedule E)	I EXI END	TIONEO		PAGE 15 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				C C00524454
Check if 24-hour report X 48-hour report	New rep	ort X Amends repo	ort filed on 1	1 18 2015
Full Name of Payee INFOCISION MANAGEMENT COR	——— ≀P		M	f Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amoun	11 16 2015 t
City	State	Zip Code		290.88
AKRON	OH	44333		iction ID : SE.10730 f Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 16 / 2015
Name of Federal Candidate		Support	Office Sought	: House District:00
HILLARY CLINTON		X Oppose	X Preside	nt Senate State: NE
Calendar Year-To-Date Per Election for Office Sought	7	290.88	Disbursement 2016 Ott	For: Primary X General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				11 16 2015
Mailing Address 325 SPRINGSIDE DR				
			Amour	nt
City	State	Zip Code		433.30
AKRON Purpose of Expenditure	ОН	44333		ction ID : SE.10731 f Disbursement or Obligation
VOTER CONTACT		Category/ Type 004		11 16 / 2015
Name of Federal Candidate		Support	Office Sought	: House District:00
HILLARY CLINTON		X Oppose	X Preside	nt Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, , ,	433.30	Disbursement 2016	For: Primary General her (specify) ▶
				- ///
(a) SUBTOTAL of Itemized Independent Expenditure) S		. •	724.18
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	7 7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01	20 2016
Signature				

Sch	nedule E)	110.			PAGE 16 OF 27 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
CC	ONSERVATIVE MAJORITY FUND				C C00524454
Ched	ck if 24-hour report X 48-hour report New	v repo	port X Amends repo	ort filed	on 11 18 2015
T	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
1	Mailing Address 325 SPRINGSIDE DR				Amount
	City State		Zip Code		218.43
	AKRON OH		44333		Transaction ID : SE.10732 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT	_	Category/ Type 004		11 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office	Sought: House District:00
	HILLARY CLINTON		X Oppose		President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought	7	218.43	Disbu 2016	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR				Date of Public Distribution/Dissemination Man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City State		Zip Code		1426.07
	AKRON OH		44333		Transaction ID : SE.10733 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY CLINTON		X Oppose	X	President Senate State: NJ
	Calendar Year-To-Date Per Election for Office Sought		1426.07	Disbu 2016	rsement For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures			. •	1644.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures			. •	
(0	c) TOTAL Independent Expenditures			•	1171171
W	Inder penalty of perjury I certify that the independent expendit rith, or at the request or suggestion of, any candidate or autho arty committee) any political party committee or its agent.				
	SCOTT B MACKENZIE [Elec	ctron	nically Filed] Date	M = 0	1 20 2016
	Signature				

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report X 48-hour report New report X Amends report filed o	on 11 18 2015
	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	328.79
AKRON OH 44333	Transaction ID : SE.10734 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11
Name of Federal Candidate Support Office S	Sought: House District: 00
HILLARY CLINTON Oppose	President Senate State: NM
Odiciladi iodi io bato	sement For: Primary X General
Per Election for Office Sought 328.79 2016	Other (specify) ▶
	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	3193.50
	Fransaction ID : SE.10735 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 2015
Name of Federal Candidate Support Office S	Sought: House District:00
HILLARY CLINTON Oppose X	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3522.29
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	LIVI LXI LIVL	TOTILO		PAGE 18 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	ID		FEC I	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND C C00524454				
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 11	18 2015
Full Name of Payee INFOCISION MANAGEMENT C	ORP		Date of Publ	ic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	10 2010
City	State	Zip Code		1550.30
AKRON	ОН	44333		ID: SE.10736 ursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11	16 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1550.30	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
Full Name of Payee INFOCISION MANAGEMENT COI	 RP		Date of Publ	ic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	16 2015
			Amount	
City	State	Zip Code		112.09
AKRON	OH	44333	Transaction I Date of Disb	oursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11	16 / 2015
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		X Oppose	President	Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		112.09	Disbursement For: 2016 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expend	ditures			1662.39
(-,			-	7
(b) SUBTOTAL of Unitemized Independent Experience	enditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ididate or authorize			
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date	01 / 20	2016
g				

_		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
		C C00524454
Ch	eck if 24-hour report X 48-hour report New report X Amends report filed	on 11 / 18 / 2015
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
		11 16 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	1862.31
	AKRON OH 44333	Transaction ID : SE.10738 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	LIII LADV CUNTON	President Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary
	Full Name of Payer	
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 11 16 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	600.73
	AKRON OH 44333	Transaction ID : SE.10739 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004	11 16 / 2015
	Name of Federal Candidate Support Office	e Sought: House District: 00
	HILLARY CLINTON Oppose	President Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	2463.04
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE [Electronically Filed] Date	01 20 2016
	Signature	

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OF

PAGE 27 20 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 New report X Amends report filed on 24-hour report X 48-hour report Check if 2015 18 Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 11 16 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 632.86 City **AKRON** OH 44333 Transaction ID: SE.10740 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT** 004 11 16 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY CLINTON OR Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 632.86 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 11 16 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 2100.02 ОН Transaction ID: SE.10741 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT** 2015 11 16 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY CLINTON PA Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2100.02 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2732.88 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 20 2016 Date Signature

Schedule E)	PAGE 21 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report X 48-hour report New report X Amends rep	port filed on 11 18 2015
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	11 16 2015 Amount
City State Zip Code AKRON OH 44333	174.99 Transaction ID : SE.10742
Purpose of Expenditure VOTER CONTACT Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
HILLARY CLINTON Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	757.11
AKRON OH 44333	Transaction ID : SE.10743 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Category/ Type 004	11
Name of Federal Candidate Support	Office Sought: House District: 00
HILLARY CLINTON Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 757.11	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	932.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Data	te 01 / 20 / 2016

Schedule E)		PAGE 22 OF 27 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUND C C00524454				
Check if 24-hour report X 48-hour report	New report X Amends i	eport filed on 11 18 2015		
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR		11 16 2015 Amount		
City State AKRON OH	Zip Code 44333	130.63 Transaction ID : SE.10744		
Purpose of Expenditure VOTER CONTACT	Category/ Type	Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation		
Name of Federal Candidate	Suppor	t Office Sought: House District: 00		
HILLARY CLINTON	X Oppose			
Calendar Year-To-Date Per Election for Office Sought	130.63	Disbursement For: Primary General 2016 Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 325 SPRINGSIDE DR		Amount		
City State	Zip Code	1033.25		
AKRON OH	44333	Transaction ID : SE.10745 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT	Category/ Type 0	04 11 / 16 / Y 2015		
Name of Federal Candidate HILLARY CLINTON	Suppor			
	X Oppose			
Calendar Year-To-Date Per Election for Office Sought	1033.25	Disbursement For: Primary General 2016 Gther (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures		1163.88		
(b) SUBTOTAL of Unitemized Independent Expenditures		····· >		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.				
SCOTT B MACKENZIE Signature	[Electronically Filed]	Date 01 / 20 / 2016		

Schedule E)	INT EXTEND	TIONES		PAGE 23 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D.		FEC	DIDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUN	J		С	C00524454
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 11	18 2015
Full Name of Payee INFOCISION MANAGEMENT CO	ORP		Date of Pu	ublic Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	10 2010
City	State	Zip Code		3937.16
AKRON	ОН	44333		on ID : SE.10746 sbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M M 11	/ 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	.,,	3937.16	Disbursement For 2016 Other	r:
Full Name of Payee INFOCISION MANAGEMENT COF	lP		M = M	
Mailing Address 325 SPRINGSIDE DR			Amount	16 2015
City	State	Zip Code		407.50
AKRON	ОН	44333		n ID : SE.10747 isbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11	16 2015
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		Oppose	President	Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	407.50	Disbursement Fo 2016 Other	r:
(a) SUBTOTAL of Itemized Independent Expend	tures		·	4344.66
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
				7 7 7
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date	01 2	0 2016
Olynature				

	Siledule Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC I	DENTIFICATION	ON NUMBER ▼
U	CONSERVATIVE MAJORITY FUND		С	C00524454	
Ch	neck if 24-hour report 48-hour report New report Amends report	filed on	11	18	2015
7	Full Name of Payee INFOCISION MANAGEMENT CORP	Date	of Publ	ic Distribution/	Dissemination
	IN OCIDION WANAGEWENT CORP	I M	11	16	2015
	Mailing Address 325 SPRINGSIDE DR	Amou			
	City State Zip Code				105.28
	AKRON OH 44333			ID : SE.10748 ursement or C	
	Purpose of Expenditure VOTER CONTACT Category/ Type 004		11 ^M	16	2015
	Name of Federal Candidate Support C	Office Sough	t:	House	District: 00
	HILLARY CLINTON Oppose	X Preside	ent	Senate	State: VT
	Calcilidat to all to bate	Disbursemen		Primary	X General
				pecify)	Discourie et
	Full Name of Payee INFOCISION MANAGEMENT CORP		of Publ	ic Distribution/	Dissemination 2015
	Mailing Address 325 SPRINGSIDE DR	Amou	_	لنب	
	City State Zip Code				1313.46
	AKRON OH 44333			D: SE.10749 oursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT Category/ Type 004		11	16	2015
	Name of Federal Candidate Support	Office Sough	nt:	House	District: 00
		X Preside		Senate	State: VA
		Disbursemer 2016 C		Primary pecify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7-	7	1418.74
	(b) SUBTOTAL of Unitemized Independent Expenditures	· [7	
	(c) TOTAL Independent Expenditures	· [.		1 1 7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.				
	SCOTT B MACKENZIE [Electronically Filed] Date	M = M /	20	/ 201	Y Y 6
	Signature				

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				FOR SE OF FORM 24/48
	OF COMMITTEE (In Full) NSERVATIVE MAJORITY FUND		FEC II	DENTIFICATION NUMBER ▼
			С	C00524454
Check	if 24-hour report X 48-hour report New report	rt X Amends report f	iled on 11	18 2015
	Name of Payee NFOCISION MANAGEMENT CORP		Date of Publi	ic Distribution/Dissemination
			11	16 2015
Ma	illing Address 325 SPRINGSIDE DR		Amount	
Cit	y State 2	Zip Code		1104.17
Al	KRON OH	44333		ID : SE.10750 ursement or Obligation
	rpose of Expenditure OTER CONTACT	Category/ Type 004	11	16 2015
Na	me of Federal Candidate	Support O	ffice Sought:	House District: 00
Н	LLARY CLINTON	Oppose	X President	Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought		sbursement For: 016 Other (sp	Primary ⊠ General
Fu	Il Name of Payee			ic Distribution/Dissemination
11	NFOCISION MANAGEMENT CORP		M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 325 SPRINGSIDE DR		Amount	
Cit	y State	Zip Code		309.39
А	KRON OH	44333	Transaction I	D: SE.10751 oursement or Obligation
	rpose of Expenditure OTER CONTACT	Category/ Type 004	M = M 11	16 2015
Na	me of Federal Candidate	Support C	ffice Sought:	House District:00
Н	LLARY CLINTON	Oppose	X President	Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: 016 Other (s	Primary X General pecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	······		1413.56
(b)	SUBTOTAL of Unitemized Independent Expenditures		-	7
(c)	TOTAL Independent Expenditures	·······		79. 79.
with	er penalty of perjury I certify that the independent expenditures in a the request or suggestion of, any candidate or authorized by committee) any political party committee or its agent.			
_	SCOTT B MACKENZIE [Electronic	cally Filed] Date	M = M / D = D 01 20	/ Y Y Y Y Y 2016
-	Signature			

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Schedule E)		TIONES		PAGE 26 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	n		FE	C IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUN	J		C	C00524454
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 11	18 2015
Full Name of Payee INFOCISION MANAGEMENT CO	ORP		Date of F	Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Amount	10 2010
City	State	Zip Code		922.66
AKRON	ОН	44333		ion ID : SE.10752 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY CLINTON		X Oppose	X President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		922.66	Disbursement For 2016 Other	or:
Full Name of Payee INFOCISION MANAGEMENT COR	EP		Date of F	Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			11	
			Amount	
City	State	Zip Code		91.14
AKRON	ОН	44333		on ID : SE.10753 Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M 11	16 / 2015
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY CLINTON		Oppose	X President	Senate State: WY
Calendar Year-To-Date Per Election for Office Sought	- 7 7	91.14	Disbursement For 2016 Othe	or:
(a) SUBTOTAL of Itemized Independent Expending	tures			1013.80
(b) CURTOTAL of Unitersized Independent Function				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7
(c) TOTAL Independent Expenditures			·	4 1 4 1 4 1
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date		20 2016
Signaturo				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼
		C C00524454
Check if 24-hour report 48-hour report New report		11 18 2015
Full Name of Payee INFOCISION MANAGEMENT CORP	_	of Public Distribution/Dissemination
		11 16 2015
Mailing Address 325 SPRINGSIDE DR	Amou	ınt
City State Zip C	Code	107.86
AKRON OH 4433	3 Trans	saction ID : SE.10754 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT Cate		11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	nt: House District: 00
HILLARY CLINTON	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	7.86 Disbursemer	nt For:
Full Name of Payer		
Full Name of Payee	Date	of Public Distribution/Dissemination
Mailing Address	Amou	unt
City State Zip C	Code	
	Date	of Disbursement or Obligation
Purpose of Expenditure Cate	egory/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sough	nt: House District:
		lent Senate State:
Calendar Year-To-Date	Disbursemer	
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······································	107.86
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7 1
(c) TOTAL Independent Expenditures	· · ·	50000.00
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Page 2017]	Filed] Date 01	20 2016
Signature		

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